Smallpox Case Investigation

F	orm	4		Source	of Ex	posure
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cai	ight this infec		oout sick people yo			p us learn where you may have r/other) may h ave been aroun
1.	Do you know	w whom you caught this	illness from?	1 □ Yes	$2 \square$ No (if no, go to Ques	stion 5)
2.	Name of per	rson:		Diagnosis:		
3.	Home	Address				
		City:			State:	Zip:
		Telephone Home			Cellular	
4.	Do you know	w where you caught this	illness? 1 □ Y	Yes 2□N	(o (if no, go to Question 6)	
5.	If yes, Name	e of place				
		Address (if known)				
		City:			State:	Zip:
		Date			Phone (if known)	
		Time				
		Number of persons pot	entially exposed			
6.		dates from <u>(insert date 1</u>		ash onset) to (insert	date 2, 7 days before rash one	set) before your rash onset, wer

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Smallpox Case Investigation Form 4 -- Source of Exposure ID: 7. If yes, Name of person: Dignosis: Address City: State: Zip: Cellular Telephone Home Date of exposure: Interviewer: Please use clinical and exposure data to classify the case to one of the categories below. Smallpox Case classification 1 □ Confirmed 2 □ Probable 3 ☐ Suspected Case classification: A case of smallpox that is laboratory confirmed Confirmed A case that meets the clinical case definition that is not laboratory confirmed but has an Probable epidemiological link to another confirmed or probable case

If case does not know source of infection, continue with the following questions.

smallpox.

Suspected

Now we need to think back to try to find out where you may have caught this illness. We will start by looking at the calendar. The interviewer should record date of rash onset then count back 7 day and 21 days. Mark the 14 day time period clearly on the calendar in red..

A case that meets the clinical case definition but is not laboratory c onfirmed and does not have

an epidemiological link to another confirmed or probable case of smallpox OR a case that has one of the following atypical presentations (hemorrhagic or flat, velvety lesions) that is not laboratory confirmed but has an epidemiological link to a confirmed or probable case of

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Insert month						
e.g.						
December						

For the next questions, I'd like you to think back to the 14 day period between 1 and 3 weeks ago that we have marked on the calendar. Lets start with weekdays. Offer dates, holidays, etc., as available to anchor the case's recall to this time period.

What is your usual weekday routine? Do you work? Go to school? Volunteer on a regular basis? Have another every day activity?

Interviewer: Consider routine weekday activities in a systematic way going either back from day 7 or forwards from day 21 from fever onset depending on what seems easier to do.

For weekends, ask about usual routines and then occasional activities. Prompt especially for attendance at public events. A question to capture this type of attendance follows after questions regarding usual activities.

0.	During this 14 days t following places? (Cl		nated above (show the calendar), did you spend any time regularly (3 or more times a week) in y)
	Work	1 □ Yes	2 □ No
	School	1 □ Yes	2 □ No
	A restaurant	1 □ Yes	2 □ No
	Your child's school of	r day care cente	? 1 □ Yes 2 □ No
	Grocery Store	1 □ Y	es 2 🗆 No

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For	rm 4 Source of Exposure		ID:
	Other i.e. place of worship, gym, restaurant, volunteer we	ork, etc, specif	y
_	If yes to any of the above, please complete Form 4A E child off at day care center, indicate range of days.	xposure Sourc	ee Site Form. For daily activities such as work, dropping
11.	If you work, go to school, or transport your children or of do you travel to and from these places?	ther family me	mbers to school and/or day care or other regular activities, how
	Car–alone, bicycle, walk $1 \square \text{ Yes}$ $2 \square \text{ No}$		
	Car-with other people in the car at least sometimes	1 □ Yes	2 □ No
		If yes, comple	ete Form 4B Exposure Source Transportation Form
	Bus, train or subway $1 \square \text{ Yes}$ $2 \square \text{ No}$		
	If yes, complete Form 4B	Exposure S	Source Transportation Form
	Taxi $1 \square \text{ Yes}$ $2 \square \text{ No}$		
	If yes, complete Form 4B	Exposure S	Source Transportation Form
	Other, specify (e.g, plane) $1 \square \text{ Yes}$ $2 \square \text{ No}$		
	If yes, complete Form 4B	Exposure S	Source Transportation Form
Not	e: for regular travel schedule e.g. to and from work, in	dicate range	of days and times if this is the same each day.
12.	During the 14 day time period designated above, did you	travel out of to	own (if city, out of urban area, if rural, our of county)?
	$1 \square Yes$ $2 \square No$		
	If yes, please complete Form 4B Exposure Source Tra	ansportation l	Form
13.	During the 14 day time period designated above, did you	visit any of the	e following activities at least once: (read each description)
	Hotel or convention center	1 □ Yes	2 □ No
	Shopping mall or large store	1 □ Yes	2 □ No
	Church, temple, mosque or other place of worship	1 □ Yes	2 □ No
	Doctor's office, emergency department, clinic or hospital	1? 1 □ Yes	2 □ No
	Airport	1 □ Yes	2 □ No

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Bus, train or subway station	1 □ Yes	2 □ No		
Theater (e.g., movies or play)	1 □ Yes	2 □ No		
Concert	1 □ Yes	2 □ No		
Public sporting event	1 □ Yes	2 □ No		
Fair, festival or carnival	1 □ Yes	2 □ No		
Any other gathering with more than 100 other people	1 □ Yes	2 □ No		

If yes to any of the above, please complete for each place visited Form 4B -- Exposure Source Transportation Form

Smallpox Case Investigation ID:

Form 4 -- Source of Exposure

D:		

	Form 4A Exposure Source Site Visit Form List all sites that you (insert name if interviewing regarding child or other person) visited in the 1-3 weeks before the rash onset: Date: //											
Day of week	Date mm/dd/yyyy	Time	Site code	Type of site	Name of site	Street address	City	County	State	Zip		
	1	_1	1	ı	l	I	1	1	1	1		

Form 4B Exp	osure Source	Transportation							
		tion as possible for ea period before rash	ch type of transportat	tion you (insert name if inter	viewing regar	ding other person	n) have used for	travel or	
onset: Date: _	/	<i>J</i>							
Interstate or	International	travel							
Date mm/dd/yyyy	Time AM/PM	Type of transport Bus, train, plane, carpool, Taxi	Company name	Flight/route number	Origin City State		Destination City State		
Travel and co	ommute within	n city and state							
Date mm/dd/yyyy	Time AM/PM	Type of transport Bus, train, plane, carpool, Taxi	Company name	Flight/route number	Origin City		Destination City	Destination City	